

NEWTOWN POLICE DEPARTMENT

CITIZENS COMPLAINT

CASE NO:

CLASSIFICATION:

COMPLAINANT'S NAME: D.O.B.

ADDRESS:

HOME PHONE #: BUSINESS # CITY:

LOCATION OF INCIDENT: DATE & TIME:

COMPLAINT AGAINST:

NAME: RANK: BADGE #

NAME: RANK: BADGE #

COMPLAINT:

(CONTINUE AND SIGN ON NEXT PAGE)

WITNESS:

NAME: PHONE:

ADDRESS:

NAME: PHONE:

COMPLAINT RECEIVED BY:

RANK: DATE:

PAGE _____ OF _____ PAGES

I have read (or have had read to me) the above statement, consisting of _____ pages, and it is true to the best of my knowledge, information and belief. I fully understand that if I make a false statement that is untrue and which is intended to mislead a law enforcement officer in the performance of his/her official function, I will be violation of Section 53a-167 of the Connecticut General Statutes, regarding making a false statement and Section 53a-157 of the Connecticut General Statutes, regarding perjury.

WITNESSED: _____
Signature

WITNESSED: _____

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD

On this, the _____ day of _____, 20 _____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand pursuant to Section 1-24 of the Connecticut General Statutes.

Title

Copy to Complainant

PAGE _____ OF _____ PAGES

COMPLAINANT: _____

WITNESSED: _____